

No 33

P.

29 April 5th

And

Inaugural Dissertation

on Papered March 5th 1828

Disguised Intermittent Fevers

by

Francis A. Davis

of New-Jersey.

— — — — —
Linguae ipsa minima vici,

Et pars fuit.

Virg. Aene. lib. II.

the
dangerous situation

in
the hands of the

dangerous situation

James A. Smith

of the

dangerous situation

of the

of the

Disguised Intermittent Fevers.

The anomalous diseases under which Intermittent Fevers sometimes present itself constitute our present subject.

The considerations which have led me to this selection are briefly these. However common and familiar the regular forms of Intermittents may be, they are at times assumed of very variety and assumption and under which the physician may find it extremely difficult to recognize them. In this circumstance, too little attention appears to me to have been paid by the generality of practitioners and we have reason to believe that mistakes, involving serious consequences, have sometimes arisen. The books in which the subject is most thoroughly treated are accessible to but few, and those works, which are most generally read, seem, with one or two recent exceptions, to pass it by in silence. To direct attention to this interesting and important point and to endeavor to throw upon it the public sunlight of my own humble knowledge is now my aim.

The district of country in which I reside was for a long time remarkable for its uninterrupted salubrity. During the last four or five

years however it has suffered under the scourge of Intermitting Fevers,
and only few of the inhabitants of Kenton have escaped its prevailing
influence. During the latter portion of this period, it has evinced a
very remarkable tendency to disguise itself in the garb of other diseases,
assuming many of their most prominent features and giving to them its
own characteristics of paroxysm and intermission. Thus situated, no
inconsiderable opportunity has been afforded me of becoming acquainted
with the disease in question, both in its normal shape and in many
of its anomalous irregularities. But I do not do injustice to my own
feelings, all I omit to mention with due veneration the name of Dr.
Bellerophon, under whose auspices I have pursued my studies and to whom
I am indebted for the greater portion of whatever knowledge I may have on
this or on other medical subjects. Well known as he is and commanding,
by his acquirements and skills, the respect and friendship of some of the
most eminent of the profession, I may still be permitted to render him
the obligation of a grateful pupil. Such sources as these, with the few
books to which I have had access, afford me the substance of my essay.

In prosecuting my enquiries, I shall trace very closely the features of
the regular form of Intermitting — describing some of the anomalies

phenomena

phenomena of *Chytrid* *Intermittens* — and also with some general remarks — introducing, throughout the investigation, histories of interesting cases for the purpose of both example and illustration.

The name of *Intermittent Fever* is given to that genus, which presents a regular succession of paroxysms separated by a complete intermission, denominated *apexes*. The phenomena of alternate paroxysms and intermissions have afforded ground for much speculation and offer difficulties to their explanation not yet surmounted. Shall we attribute it to the influence of the planets? The present enlightened state of knowledge discards at once such an idea. Shall we say that a certain degree of violence will expend itself sooner or later, and that a greater or less degree will require an earlier or more remote repetition of the attack? Some colour for such an opinion might perhaps be drawn from a consideration of the species *Scarus* *Scarus*. It might perhaps be said that the system requires a longer period of repose from the stronger impression made by this species, before becoming susceptible of a new attack. But the history of the other species will not support such an opinion. For we should expect then to find the impression upon the system diminish in direct ratio to the frequency of

the paroxysms. But this is not the fact. On the contrary, the Intermission, though more obstinate than the Tertian, is less so than the Quartan. Nor can the reverse of this proposition be sustained, namely, that a deeper impression will remain on earlier returns; for the same difficulty is presented of the irregularity in the gradation of violence.

The specific division of Intermittents, as generally made, depends upon the time that elapses between the commencement of one paroxysm and that of the succeeding, which, ~~either~~ including either twenty-four hours, forty-eight hours or seventy-two hours, affords the names Interdicta, Quartan, Sextan. This period has the name of Interval, while that between the paroxysms, or from the end of one to the beginning of another is called Intermission. By some, the Interval has been extended to a greater number of days, to one month, ten months, even to years. Hence the terms, Interdicta, Sextan, Ictus, Mensura, Bimestria and annua. And I have seen several make I think them likely to repeat. That, after a remission of the disease, there may be a return of it on the very day which would end a period of one, two or three months or as many years, will not surely be denied; but such a return should be considered an entirely new attack rather than a second paroxysm of the same disease. I ascend still lower, we meet

with

with various complications of these species, as the double tertian, double quartan and triple quartan. Again a distinction has been made into vernal and autumnal, and to each of these seasons a particular species has been appropriated, or the tertian to Spring and the quartan to the Autumnal months. As for malar, as my own opportunities have enabled me to judge, this does not obtain, the tertian being by far the most common in all seasons, the tertian next in frequency and the quartan extremely rare. The tertian likewise most frequently comes on in the morning, the tertian at noon, and the quartan towards night. For a thorough description, however, it is sufficient merely to refer to the nosology of Dr Ford, who has pursued the divisions with copious minuteness.

As the most usual cause of Intermittent Fevers, Malar miasmata have generally been ascribed, yet, as it has occurred where it would be very difficult to trace it to this cause, not to the exclusion of a poor meagre diet; fatigue; exposure to the extreme heat of the sun; sleeping in damp beds, clothes or rooms; grief; debility &c. The irritation produced by these upon the mucous surface of the alimentary canal constitutes the proximate cause.

Each paroxysm of an Intermittent Fever is divided into three stages denominated the Cold, the Hot and the Sweating. According to De. Ford, while the Quotidian has the longest duration, it has the shortest cold stage, and while the Quartan has the shortest duration, it has the longest cold stage. The cold stage commences with loss of strength, lassitude, yawning, chilliness, paleness of skin, lividness of the lips and nails. The sense of chilliness increases; there is pain in the back of the head, above the spine and in the joints; violent and irresistible rigors come on; the skin is contracted and presents the appearance termed *cutis asserina*; every external part is diminished in bulk, while the blood rushes inward and is concentrated in the great viscera. The pulse is quick, but small; respiration hurried and laborious; urine almost colorless; the ideas confused and indistinct. This ~~condition~~ state of things having continued for a length of time, a reaction commences and a new order of phenomena arises. The blood, leaving its unnatural abode, begins to retrace its path through its accustomed channels, but with a morbid vehemence; an insipient glow soon increases to a high degree of heat pervading the whole surface; the face is flushed; the urine high-colored; the pulse strong and active. A period of from three to eight or ten

The first of these is the fact that the
 human mind is not a blank slate at birth.
 It is filled with impressions from the
 world around it. These impressions are
 the raw material of thought. The mind
 then processes these impressions and
 forms them into ideas. These ideas are
 then used to form judgments and
 conclusions. This process is continuous
 and never-ending. The mind is always
 working, always taking in new
 information and always forming new
 ideas. This is the nature of the human
 mind. It is a constantly evolving
 entity, always growing and always
 changing. This is why we are able to
 learn and grow throughout our lives.
 The mind is a powerful tool, and it is
 one that we must use wisely. We must
 be aware of the impressions that we
 take in, and we must be able to filter
 out the noise and focus on the important
 information. We must also be able to
 think critically and to question our
 own assumptions. Only then can we
 truly understand the world around us
 and ourselves.

hours being elapsed under these circumstances, the third stage begins to show itself. The heat abates; the pulse gradually returns to its natural condition; the urine deposits a copious sediment; while a gentle moisture first betrays the forehead; soon the general surface exhibits a similar appearance; while finally a general and perfect perspiration terminates the paroxysm. During the intermission, the patient frequently remains weak, but often regains nearly his usual health.

In forming a prognosis, we may consider as favorable circumstances a returned consciousness of the paroxysm, a copious deposit in the urine, and a near approach to health in the intermission. While on the other hand, the paroxysm severe and lasting with coma, convulsions &c., and the effusion short and unrefreshed denote a dangerous tendency.

With regard to the treatment of Delirium tremens, it consists itself into two general indications: 1st To diminish the duration of the paroxysm, and mitigate its violence; thus preparing the way 2^d To inhibit such medicine as shall, by its impression on the system, prevent the recurrence of the paroxysm. Where the attack has been moderate, with little or no cerebral or gastric embarrassment; and where nature has herself kindly indicated pretty copious evacuations, I have sometimes proceeded at once in

the Intermission to the use of ~~stomach~~. But as a general rule the system should be prepared for them by proper evacuations, as thereby visceral obstructions and other unfortunate sequelæ of the disease will more probably be prevented. The value of the following formula, of course one of Dr Belleville, has been stamped by the experience of many years:—

R. Nitro: Potass: ℥ij

Kp. Nitro: Potas: Zi

Antim: Fortes: ga V

Архивная: г. Ху

Magnes: 3/4. Mo.

Fiant chart: xij.

One of these powders gives every three or four ^{times} evacuations pretty active vomiting. Three of them divides into four with four grains of calomel in each, and gives as before with thoroughly evacuate the bowels. Again if emesis is wished, the half of one these powders in a little water with ten or twelve drops of laudanum and repeated will answer our purposes.

The paroxysms being ended, it is proper to commence the fulfilment of the second indication as speedily as possible. In this, though different from the opinion of Gallen, the experiments of Boerhaave

Mrs

the directions of Tort and allibert concern. Under this head is craped
an immense variety of articles: Sulphate of Copper, allum, Bismuth,
Acetate of Lead, Spessanake, Turpentine, Black and Gayenne
Pepper, Spider's Web, and various bitter and astringent herbs and roots.
The Sulphate of Zinc, a favourite remedy of Professor Smith of New
Haven, I have known to be very successful. The liquor of the Greenite
of Potash or Fowler's Solution is perhaps except only to the Peruvian
Bark, may its comparative cheapness may, with the Indigent, claim
for it an equal rank. But it is upon the Bark alone that our closest
unwavering confidence may repose. Introduced into Europe
rather earlier than the middle of the seventeenth century, it was,
from several causes, for a long time tossed upon the uncertain waves
of professional controversy. To the illustrious Sydenham, the merit
seems to be ascribed of formulating the correct rules for its administration,
and thus exhibiting its preeminent efficacy. Now has it stopped here.
The investigative skills of Modern Chemistry has extracted from the
mass of its constituents that peculiar principle in which its efficiency
resides. In the disease under consideration, the Sulphate of
Quinine forms an efficient and almost unfailing remedy. Seldom

if ever, has the confidence I repose in it been found disappointed
or misplaced. Complaints indeed have sometimes been heard of
its failure, but an enquiry into the circumstances of the case
generally discovers some deficiency in the quantity taken, or in-
regularity in the mode and time of taking it. Of this more hereafter.

As in the case of the cruce Park — indeed the rules governing
the use of both articles are nearly the same — evacuations of the
alimentary canal and a perfectly aperient condition are almost
almost indispensable to the beneficial operation of the remedy.

It is true, the reports of some practitioners are favorable to its use
even during the paroxysm. But on this point, although the respect-
ability of the authorities forbids a condemnation of the practice, yet
an opinion so much at variance with our theoretical notions and prac-
tical observation should be received not without cautious scrutiny.

The conditions alluded to being premised, the medicine may be ad-
ministered either in solution or in the form of pills. Of the former,
consisting of twelve grains dissolved in about two ounces of water,
a teaspoonful every hour — and of the same quantity made into
twelve or eight pills, a pill every hour constitutes the dose. This

formula

formula may however be varied according to circumstances. An im-
provement may more especially be made by giving two grains every hour,
and on the other hand, where from some peculiarity, the neural matter
of exhibition gives rise to a sense of constriction in the head or chest; as
I have known it do, it will be proper to extend the intervals to an
hour and a half, two hours or even longer. The sensation produced
in the head is described by the patient as resembling the pressure
of a tight iron ring. Giddiness and a sense of stricture across the chest
were invariably produced in the case of a lady of my acquaintance
unless the medicine was very gradually introduced. But with due
attention, it is susceptible of almost universal application and its
operation is always prompt, decided and beneficial.

Purton
Sedley

Having thus slightly sketched the more prominent and charac-
teristic features of the ordinary form of Intermittent Fever, it next
becomes my business to display some of the multiple and peculiar
marks under which it may lurk. Although the Ancients were un-
doubtedly aware of the existence of certain irregular intermitting
symptoms, yet their ideas seem to have been but ill-digested. It was
reserved for Morton, Boerhaave, Senac, Cleschorn, Alibert, to mould into

X

system

system and regularity the hitherto obscure and faintly distinguished phenomena of the disease. Its more frequent recurrence of late years seems to demand a fresh acquaintance with it and to call for more particular attention to it.

In pursuing the subject, I shall follow the plan of relating cases, that have presented the peculiarities alluded to, together with the plan of treatment adopted; conceiving that to be the most correct and practically useful method of communicating information. These cases have occurred principally in very extensive practices of Dr. Belleville and from him I received them with permission to relate them here — some have come under my own observation — and one at least will be extracted from Johnson's Medical-Chimurgical Review, an English periodical of no common merit.

The 1st Case I shall present is that of a lady in the family of Major T—. The patient was attacked suddenly with acute pneumonic symptoms: pain, anxiety, difficulty of respiration. The usual venereal process in such cases was resorted to, as venesection and a blister to the chest, apparently with advantage, for the disease went off. On the third day, however, the same symptoms made their ap-

pearance

appearance and a similar paroxysm, palliated by the same means,
at length ceased in a similar way. This being one of the first cases of
the kind Dr. Bellville had met with, his attention was particularly
arrested by these phenomena. The paroxysmal tendency of the dis-
ease, however, producing in his mind the conviction that it was only
an irregular form of Intermittent, he proceeded to attack it with
the bark (the Quinine had not yet been discovered) and the patient
had no return of the complaint.

Case 2nd. Mr. B. — a clergyman of F. — had suffered from
a most intolerable pain at the very extremity of his penis, which,
occurring every day at a certain hour, left the intermediate time free
from ailment. He had applied to some medical men, who, not suffi-
ciently attentive to the history of the case, suspected a calculus
affecting and wished to introduce instruments for the purpose of ex-
cision. Such an opinion of course produced no benefit and
the patient visited Trenton. The history of the symptoms left no
room to doubt as to the nature of the case and, notwithstanding the
surprise of the patient at such a remedy juca meipain and his want
of faith, the bark effected a complete cure. The same phenomena

recurring

occurring a year or two subsequent to this, he spontaneously resort-
ed to the same remedy and was promptly relieved.

Case 3rd. This was the case of Mr W. — by trade a baker. He
had suffered not long before from an attack of common Intermittent.
While yet debilitated from the effects of his late disease, he imper-
iously submitted to great fatigues, to meet some large demands in
his business. In consequence he was attacked with very violent
symptoms of pain in the side, dry, hard cough and difficult res-
piration. The treatment adopted to such symptoms was of course
put into operation. He got better and the next day appeared as
well as might have been expected, but a renewal of his sufferings
on the third day fully established the character of his disease
and the bark was prescribed to be given as soon as the paroxysm
should subside. When the kindly offices of the nurse are kept
in due subordination, they are both necessary and soothing, but
too often are they extended to a degree of interference becoming to
the practitioner and detrimental to the patient. So was it in this
case. An old woman put the question; "Who ever heard of barking
for a short breath?" Her impertinent ignorance prevailed over the

injunctious

injunctious of the physician - the bark was neglected - and the third paroxysm put a period to his existence.

Case 4th - That of a nephew of the individual just mentioned, resembled in its character the last but had a more fortunate termination. Profiting by the melancholy warning conveyed in the fate of his relative, he obeyed the directions of his medical attendant and was rewarded by a speedy cure.

Case 5th A farmer named N— applied to the Belleville with the following statement. Every day for some time past, there came on a very troublesome fit of indigestion, which would last for a short time and cease. He had tried various domestic remedies but with no advantage. The paroxysms increased both in violence and duration until nearly the whole day was passed in severe and irremediable indigestion. With as evident a diagnosis, the bark was of course prescribed and, after some unwillingness on the part of the patient arising from the apparent ineffectualness of the remedy to the symptoms, was taken with the usual prompt relief.

Case 6th is one of some interest as showing that sometimes auxiliary measures are to be resorted to. Mr G— had suffered for some time

with

with a diurnal recurrence of a most acute pain occupying a circum-
scribed space upon one temple. It commenced about sunrise,
tormented him the whole day and left him with the setting of the sun.
The physician, who had attended him, had plentifully let for some
reason unavailingly, administered the bark. The case was indeed
an embarrassing one for the remedy, most to be depended on, had
proved faithless and seemed to have lost its efficacy. It was deter-
mined to pursue the following plan: a blister was applied to the
affected part and a large dose of Candianum left with directions
that it should be taken three or four times before the period of the anti-
cipated attack. The next visit of the Doctor was made with no little
anxiety for the result of the plan, but he had the satisfaction to
learn that his patient had escaped the expected fit. The same
means were directed as a provision against a succeeding attack,
which did not occur, and the disease took its final departure.

Case 7th presents an example of the cephalalgic form of disjunct
Intermittent. The paroxysm commenced with the usual chillings
rigors &c but aggravated by a most intense and insupportable head-
ache so severe as to force from the patient words and continued

with a Chinese woman. It was not long before
another appeared on the scene. The two women
passed him by without any notice, and he went
on his way. The Chinese woman was very
young, and she had a very beautiful face. She
was wearing a very beautiful dress. The other
woman was very old, and she was very
ugly. She was wearing a very ugly dress.
The Chinese woman was very kind, and she
was very gentle. The other woman was very
cruel, and she was very harsh. The Chinese
woman was very beautiful, and she was very
young. The other woman was very ugly, and
she was very old. The Chinese woman was
very kind, and she was very gentle. The
other woman was very cruel, and she was
very harsh. The Chinese woman was very
beautiful, and she was very young. The other
woman was very ugly, and she was very old.

complaints and much heightened by a recumbent posture. The state of reaction gradually subsided and the paroxysms ended by sweat. I do not know the particulars of the treatment in this case, but it was finally relieved by the exhibition of the Sulphate of Quinine.

8th The next case I shall relate is that of Dr. Wallcut's himself and exhibits the disease under a rheumatic disguise. Towards evening or two or three successive days, a most excruciating pain fixed itself in one of the ankle joints, increasing in severity for two or three hours, then gradually subsiding and at length leaving him in usual health till the next period. It is almost needless to add that the appropriate was employed and with entire success.

Case 9th The Doctor was called to consult with the attending physician upon the case of Mrs. H — and found the following condition of things. The patient had laboured for sometime under a regularly intermitting Cholera morbus. Every day the paroxysms of purging and vomiting came on, not leaving sufficient intermission for effecting a remedial impression and the herbs which her physician had perseveringly given was invariably rejected before it could produce its effect. Such a state of things must evidently be promptly changed for the better

but the more till then pursued seemed not likely to effect it. An anodyne was therefore ordered - time was gained - the pain now began to be effectual - the paroxysm decreased in length and violence and finally left her.

Case 10th appears a still more complicated and malignant variety of the disease. Miss A ——— experienced about nine o'clock in the morning a slight indisposition consisting of nausea, distress and general embarrassment, which, after a little while, subsided and left her tolerably well. The next day about one o'clock a paroxysm of Rheumatism soon presented itself and passed through its cold, hot and evacuating stages with perfect regularity. The stomach and bowels were pretty thoroughly cleansed and the paroxysm ceased, but not until so late at night, that it was thought expedient to leave the patient to her rest and defer the exhibition of the Quinine till the next morning. The next morning, however, presented a train of symptoms equally unexpected and alarming. About the same hour as on the second day preceding, a most distressing nausea came on, increasing to a deadly sickness - prostration - horrid ~~paroxysms~~ ~~anxiety~~ - incessant jeritation - the complexion ghastly -

eyes wild - features contracted and sharp - most notably the
Hippocratic countenance - in short all the symptoms of acute gastric
inflammation. The case was urgent and the indication evidently
to calm the excessive irritation and disturbance of the system. As it
was plain that nothing could be retained by the stomach, recourse was
had to enema. Fifty drops of laudanum in some water were direct-
ed for an injection, to be repeated if necessary, and warm fomenta-
tions to the region of the stomach. The method was successful - the
alarms ceased and gave place to returning quiet - and the fever coming on
was in its turn succeeded by the sweating stage. The first moment of
intermission was seized for giving the Lefthand of Quinine and
our patient reinstated in his health. In this case were
exemplified two distinct varieties, for not only was it a double fever
the alternate series corresponding to each other, but one of these series
was in a disguised form.

Case 11th. The next and last case is extracted from the foreign work
before mentioned of September 1824. The patient was on a Saturday
sensible of some slight febrile movement which he attributed to exposure
the night before. The next day though by no means well, he had no fever.

On Monday

On Monday — but it is a physician and he will let him relate
his own case — On Monday, June 28th better — evening continued —
dismal dreams and phantasies — nothing better, yet best of recent, and dis-
phorics. Tuesday 29th got up as usual, but with indescribable (compare
depression of mind and inevitability of Vesper. At 4 P.M. a rigor came
on for an hour and a half succeeded by great fever. Intense thirst —
horrible images — In the evening 11 P.M. — (acceded to the Vesperal night 11 P.M.).
Wednesday 30th Better — but mind depressed and filled with images.
Thursday July 1st mind perturbed & repeated an attack — fever 86 — skin
cool — tongue moist and furred — At 9 P.M. came on very severe rigor
lasting for three quarters of an hour, succeeded by a most tremendous
reaction — heat mounted suddenly up — fever 136 — intellectual suffe-
ring excessive. Although broad awake and perfectly sensible, there
was a rapid succession of the most terrific images. Although my last
day had come. In more than one of my waking dreams, I conceived
that I was lying on my face in a dissecting room while two ana-
tomists were opening my head and spine and dissecting out the
maps of disease which the parts presented. The horrors of that
evening can never be forgotten. The images now arise indeed throughout

were

were invariably of a sepulchral hue - bones, skeletons, putrid bodies and fearful spectres were ever the prominent figures in the agonizing drama. This dreadful hot stage gave way to a most profuse perspiration which lasted the greater part of the night. Next morning Friday 2nd Decr 1800 was becoming more natural. I now began to suspect a Latent Intermittent, but determined to wait and see if there would be another of the paroxysm before taking the bark. Saturday 3rd cold stage came on at 2 o'clock hot stage similar to that of Thursday - sweat up stage was off in the night. I suffice it to say that, satisfied now as to the nature of his disease, he commenced directly actively taking the Quinine and succeeded early in removing his malady.

In reviewing the history of disguised Intermittents, there are several points which arrest peculiar attention. Their insidious irregularity; the alarming degree of malignity they assume; the varied and unexpected marks they bear, simulating the features of almost every disease; the apparent incompatibility of the symptoms with the remedial means employed, are features which deserve our attention and the most careful scrutiny.

The cases I have recited are but so many from a large number

that

that might be offered, embracing nearly the whole catalogue of diseases. Sometimes the simulated affection occupies the entire place of the Intermitent, without any of the usual phenomena of the latter - sometimes it is merely met by sweat - at others it is in order of one of the three usual stages and most commonly of the cold, the others following in natural order. We have seen it almost every instance the surprise excited by the apparent imminence of the medicine to the malady, carried in one instance to a fatal extreme. We have seen cephalalgia, dyspnoea, cholera, rheumatism, epilepsy, delirium and many others equally distinct, all treated and cured by the same remedial process. How easily then might a practitioner's inattention or misapprehension be led into an error dangerous, injurious and even fatal! Hence may most properly be deduced the general practical rule, whenever there is any delay to regular coarctation and intermission, whatever may be the symptoms present, always to suspect the existence of Intermitent Fever - to regard the apparent symptoms as of but secondary importance - and without delay to employ that medicine which prevent the continuance or return of the disease.

Some general remarks, which I have purposely deferred till now, as being equally applicable to the common and the disguised Intermitter, will bring this essay to a conclusion.

I. I have somewhere met with the idea, and I think it a good one, that the term *febrifuge* is inappropriate when applied to the bark, at least in the disease under consideration. Of by that term, we understand something that will put a stop to fever, it certainly does not seem to express the operation of the bark. Excluded during the presence of fever, this is almost invariably decisive. But to interrupt a chain of morbid symptoms, whose it causes in periodicity - and it matters not what are those symptoms if they have that character - the bark is found, as invariably, applicable and efficient.

The term *anti-periodical* would therefore seem more in accordance with its medicinal properties, at least here.

II. The rule will generally be found a good one to commence the exhibition of the bark as soon as possible after the cessation of the paroxysm. It was founded by Brown, as the result of his own "Clinical Experiments" - is confirmed by *Forti on a Miliari* - and I think I have witnessed its validity in the cases which have come

before

before me. When given nearer the excretive passages, the bark will scarcely prevent it and most frequently aggravate it, though an effect will be produced upon the root.

III. But however difficult we may be how successful in preventing the immediate return of the paroxysm, there will be in almost every instance, unless guarded against, a renewal of the attack on some day more or less remote. This day has been variously stated to be the 5th 7th 9th &c, but my own observation leads me to the opinion that a hot-dormant period is most frequently followed the attack recurring on the 7th 14th or 21st day. In my own case, when I purposely omitted precautionary measures, it returned at two successive times, precisely on the twenty-first day. From this very circumstance the amative power of the bark and its principles have suffered no little distrust among the generality of patients, who are ignorant of the peculiarities of the disease. They seek a medicine that will at once root it out and disappointed of power attribute a new attack, which is either the fruit of their own negligence, to the inadequacy of the remedy or the incapacity of the physician. An exasperation from the renewed attack will be found

only

only and with tolerable certainty is a rigid adherence to certain prophylactic rules.

As the anti-periodic effect of the bark seems after a while to subside, giving room for the operation of the malarial cause, it becomes necessary to sustain this effect by repeating the medicine at certain intervals and, the inter-mittent period having been stated to be the most sure of its recurrence, the fifth, tenth and nineteenth days become the proper ones for the repeating dose. About half an ounce of the emac bark or six grains of the Sulphate of Quinine taken on those days will generally carry the patient beyond the third period, when he may be considered as cured.

An avoidance of the exciting causes should also be enjoined, which would be best attained by a change of residence. This, however, not being always convenient or even possible, the next care is to obviate as far as is in our power the malarial influence. Exposure to the oppressive heat of the meridian sun or to the heavy dew of the night, is to be carefully guarded against, the latter by a moderate covering of clothing in the evening - the house should not be opened, on that side which looks towards the miasmatic source, till some of the earlier

and the other side of the mountain, a valley of the same name.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

The valley is very fertile and the soil is very rich.

part of the morning has elapsed - we should the patient leave the house too early, before the dew has been dissipated, or with an empty stomach. An error may here be corrected which is too common and too often sanctioned even by medical authority. The use of such stimulants as wine, spirits &c. with a view of "living above the disease" as it is called, should be abandoned, both on account of the pernicious habit it may induce and because it actually leaves the system in a state of greater susceptibility.

I have now performed the tasks I set before myself in the beginning and shall, in addition, merely remark, that, when a disease so common and apparently so easily managed may be suddenly converted into one so afflictive to the patient, so alarming to surrounding friends and so unexpected and vexatious to the ordinary practitioner, there is an increased demand upon the physician for all his attention, all his intelligence and all his skill.

